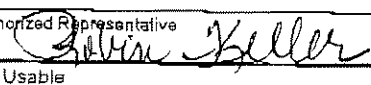


Application for Federal Assistance

1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 05/31/2002	Applicant Identifier MAY 15 2002
3. Date Received by State (mm/dd/yyyy)				State Application Identifier	4. Date Received by Federal Agency (mm/dd/yyyy)
5. Applicant Information Legal Name Volunteers of America National Services Address (give city, county, State, and zip code) 1660 Duke Street Alexandria, Virginia 22314 Phone: 703.341.5050 Fax: 703.341.7001				Organizational Unit Rancho Cucamonga Volunteers of America Elderly Housing, Inc. Name and telephone number of the person to be contacted on matters involving this application (give area code) Sandra L. Meek 703.341.5050	
6. Employer Identification Number (EIN) (xx-yyy-yy) 41 - 1467162				7. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) N	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)				9. Name of Federal Agency U.S. Department of Housing and Urban Development	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: 14 - 157 Section 202 Housing for the Elderly				11. Descriptive Title of Applicant's Project Section 202 Supportive Housing for the Elderly - 40 year capital advance funding from the U.S. Department of Housing and Urban Development with rental subsidy for all units	
12. Areas Affected by Project (cities, counties, States, etc.)					
13. Proposed Project Start Date (mm/dd/yyyy) 11/01/2002 Ending Date (mm/dd/yyyy) 11/01/2004		14. Congressional Districts of a. Applicant VA08 b. Project 42			
15. Estimated Funding Complete form HUD-424-M, Funding Matrix					
16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 05/05/2002 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.					
17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No					
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative Robin Keller		b. Title Vice President, Development		c. Telephone Number (include Area Code) 703.341.5017	
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 05/05/2002			

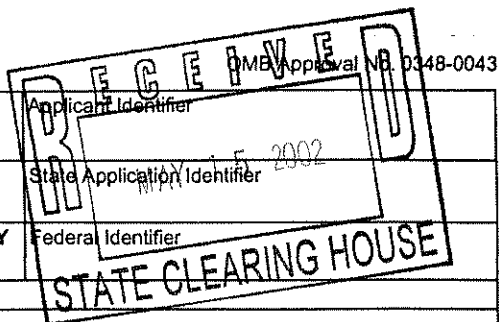
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

May 10, 2002

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY



1. TYPE OF SUBMISSION:

Application

☒ Construction

☐ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Casa Loma Mutual Water Company

Organizational Unit:

Nonprofit Mutual Water Company

Address (give city, county, State, and zip code):

1016 Lomita Drive
Bakersfield, CA 93307

Name and telephone number of person to be contacted on matters involving this application (give area code)

Evelyn Johnson (661) 323-3876

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-0609752

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) Mutual Water Co.

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐
☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Emergency Community Water
Assistance Grant

10-763

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Casa Loma Water Project

Replace existing contaminated water
supply with a new clean water source.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Casa Loma Water System, Kern County, California

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

b. Project

6/1/02

5/31/03

21

21

MAY 15 2002

15. ESTIMATED FUNDING:

a. Federal

\$

500,000

b. Applicant

\$

5,000

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

505,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE May 10, 2002

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Evelyn Johnson

b. Title

President

c. Telephone Number

(661) 323-3876

d. Signature of Authorized Representative

e. Date Signed

May 10, 2002

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED: 08 MAY 2002		Grant Identifier:																						
		3. DATE RECEIVED BY STATE:		State Application Identifier:																						
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY:		Federal Identifier: <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAY 15 2002 STATE CLEARING HOUSE </div>																						
5. APPLICANT INFORMATION:																										
Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT		Organizational Unit: TRUCKEE TAHOE AIRPORT		Address (give city, county, state and zip code): 10356 TRUCKEE TAHOE AIRPORT ROAD TRUCKEE, CA 96161																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 1 5 6 3 3 2 8 </div>		7. TYPE OF APPLICANT (enter appropriate letter in box): G <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																								
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> A. Increase Award D. Decrease Duration </div> <div style="text-align: center;"> <input type="checkbox"/> B. Decrease Award Other (Specify): </div> <div style="text-align: center;"> <input type="checkbox"/> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION																								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 1 0 6 </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2002 AIP PROJECTS <ul style="list-style-type: none"> COMPREHENSIVE LAND USE PLAN AIRFIELD SECURITY RELOCATE RUNWAY 19 THRESHOLD LIGHTS SEALCOAT & STRIPE RUNWAYS AND TAXIWAYS CONSTRUCT TAXILANES TO NEW HANGARS RECONSTRUCT RUNWAY 10 HOLDING APRON 																								
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): TRUCKEE, LAKE TAHOE, NEVADA and PLACER COUNTIES, CALIFORNIA																										
13. PROPOSED PROJECT: <div style="display: flex; justify-content: space-between;"> <div> Start Date 01-02 Ending Date 12-02 </div> <div> a. Applicant: 14th </div> <div> b. Project: 14th </div> </div>		14. CONGRESSIONAL DISTRICTS OF:																								
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 30%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 60%; text-align: right;">3,417,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">463,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">3,880,000⁰⁰</td> </tr> </table>		a. Federal	\$	3,417,000 ⁰⁰	b. Applicant	\$	463,000 ⁰⁰	c. State	\$	00	d. Local	\$	00	e. Other	\$	00	f. Program Income	\$	00	g. TOTAL	\$	3,880,000⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?: a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <u>09 MAY 2002</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	3,417,000 ⁰⁰																								
b. Applicant	\$	463,000 ⁰⁰																								
c. State	\$	00																								
d. Local	\$	00																								
e. Other	\$	00																								
f. Program Income	\$	00																								
g. TOTAL	\$	3,880,000⁰⁰																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?: <input type="checkbox"/> YES If "Yes," attach an explanation <input checked="" type="checkbox"/> NO																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																										
a. Typed Name of Authorized Representative: DAVID GOTSCHALL		b. Title: GENERAL MANAGER		c. Telephone Number: 530-587-4540																						
d. Signature of Authorized Representative: 				e. Date Signed: 08 MAY 2002																						

Application for Federal Assistance

2. DATE SUBMITTED:

15-May-02

Applicant Identifier

State Application Identifier

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction☐ Construction☒ Non-construction☐ Non-construction

5. APPLICANT INFORMATION

Legal Name: Tahoe Regional Planning Agency

Organizational Unit:

Environmental Compliance Division

Address (give city, county, state and zip code)

P.O. Box 1038, Zephyr Cove, NV 89448

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Matthew R. Graham, CPESC, [ph 775-588-4547, extension 260]

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1722895

7. TYPE OF APPLICANT: (enter appropriate letter here)

N

A. State

H. Independent School District

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify): Interstate Environmental Planning Agency

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other Specify:

9. NAME OF FEDERAL AGENCY:

U. S. Environmental Protection Agency

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER:

66.419

TITLE: Water Pollution Control: State & Interstate Program Support

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

El Dorado, Placer, Washoe & Douglas Counties

13. Proposed Project:

Start Date

10/1/2002

End Date

9/30/2003

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:

Jim Gibbons, 2nd Congressional Dist.

b. Project

J. Gibbons & John Doolittle, 4th District

15. Estimated Funding:

a. Federal \$ 400,000

b. Applicant \$ -

c. State \$ 400,000

d. Local

e. Other: 1:1 Match

f. Program Income

g. TOTAL \$ 800,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW

ON:

DATE: May 13, 2002

b. NO

☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes IF "Yes," attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

ii. Typed name of Authorized Representative.

Juan Palma

b. Title:

Executive Director

c. Telephone Number

(775) 588-4547, ext. 253

d. Signature of Authorized Representative

e. Date Signed

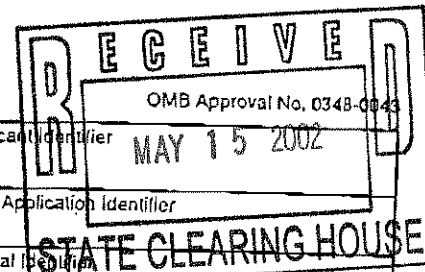
5-14-02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 9, 2002	Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		3. DATE RECEIVED BY STATE	State Application Identifier MAY 16 2002
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

OMB Approved No 50348-0043
STATE CLEARING HOUSE

5. APPLICANT INFORMATION Legal Name: Mokelumne Hill Sanitary District Address (give city, county, state, and zip code): P.O. Box 209 Mokelumne Hill, Calaveras County CA 95245		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Chip Walker 209-419-1990																				
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px;"> 94-2514097 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px;">G</div> <div style="clear: both;"></div> <div style="font-size: small;"> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ </div>																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="font-size: x-small;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ </div>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;"> 10-760 </div> TITLE: Water and Waste Water Disposal Loan # Grant Pgm		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sewer Line Replacement, Recirculation System and Treatment Equipment																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mokelumne Hill		9. NAME OF FEDERAL AGENCY: USDA - Rural Development																				
13. PROPOSED PROJECT Start Date: 1/03 Ending Date: 7/03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 4th District (Doolittle) b. Project: (same)																					
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: May 9, 2002 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%;">933,666.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>71,335.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td>1,005,001.00</td> </tr> </table>			a. Federal	\$	933,666.00	b. Applicant	\$	71,335.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. Total	\$
a. Federal	\$	933,666.00																				
b. Applicant	\$	71,335.00																				
c. State	\$	0.00																				
d. Local	\$	0.00																				
e. Other	\$	0.00																				
f. Program Income	\$	0.00																				
g. Total	\$	1,005,001.00																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Type Name of Authorized Representative Ms. Marcy Hosford	b. Title President of the Board	c. Telephone Number 209-286-1425																				
d. Signature of Authorized Representative 		e. Date Signed 5/9/02																				

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/16/02	Applicant Identifier MAY 15 2002
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City of Brea		Organizational Unit: Development Services	
Address (give city, county, state, and zip code): 1 Civic Center Circle Brea, CA 92821 Orange County		Name and telephone number of person to be contacted on matters involving this application (give area code): Melinda Kwan (714) 990-7766	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000681		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. - EPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Infrastructure Improvement	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Brea			
13. PROPOSED PROJECT Sewer Improvements	14. CONGRESSIONAL DISTRICTS OF: 41		
Start Date 7/15/02	Ending Date 6/30/03	a. Applicant City of Brea	b. Project Wastewater Infrastructure Improvement
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 654,800.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/15/02	
b. Applicant	\$ 535,745.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,190,545.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Tim O'Donnell	b. Title City Manager	c. Telephone Number (714) 990-7710	
d. Signature of Authorized Representative Tim O'Donnell	e. Date Signed 5/15/02		

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 8, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION																						
Legal Name: <u>Lost Hills Union School District</u>	Organizational Unit: <u>Public School District</u>																					
Address (give city, county, State, and zip code): <u>21109 Paso Robles Hwy.</u> <u>Lost Hills, CA 93249</u>	Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Dr. David Day (661) 797-2632 Ext 112</u>																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 -- 6 0 0 1 9 7 3 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">H</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																					
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> <div>D. Decrease Duration</div> <div>Other(specify): _____</div> </div>	9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 -- 7 6 6 </div> TITLE: <u>Community Facilities Grant</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Computer Lab Funds</u> <u>K-8 Public School District</u>																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Northwest Kern County, CA</u>																						
13. PROPOSED PROJECT Start Date: <u>07/01/02</u> Ending Date: <u>12/31/02</u>	14. CONGRESSIONAL DISTRICTS OF: <u>20th</u>																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">48,000</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">16,000</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">64,000</td></tr> </table>		a. Federal	\$	48,000	b. Applicant	\$	16,000	c. State	\$	00	d. Local	\$	00	e. Other	\$	00	f. Program Income	\$	00	g. TOTAL	\$	64,000
a. Federal	\$	48,000																				
b. Applicant	\$	16,000																				
c. State	\$	00																				
d. Local	\$	00																				
e. Other	\$	00																				
f. Program Income	\$	00																				
g. TOTAL	\$	64,000																				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 8, 2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Type Name of Authorized Representative <u>Jerry E. Scott</u>	b. Title <u>District Superintendent</u>																					
c. Telephone Number <u>(661) 797-3001</u>																						
d. Signature of Authorized Representative 																						
e. Date Signed <u>May 8, 2002</u>																						

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	

5. APPLICANT INFORMATION Legal Name: California Air Resources Board		Organizational Unit: Administrative Services Division	
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812		Name and telephone number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative (916) 322-8193 Paul Hughes, Program (626) 575-6977	
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____	
8. TYPE OF APPLICATION: XX New Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606 Surveys, Studies, Investigations, and Special Purpose Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: On-Board Diagnostics II Student Intern	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> MAY 14 2002 </div>	

13. PROPOSED PROJECT: Start Date: 5/19/2002 End Date: 8/23/2002		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 03 b. Project: Statewide	
--	--	--	--

15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 7,000.00	a. XX YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____ Signature Date _____ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 7,000.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Larry Morrie	b. Title: Chief, Administrative Services	c. Telephone Number (916) 322-8198
d. Signature of Authorized Representative		e. Date Signed 5/9/02

Application for Federal Assistance

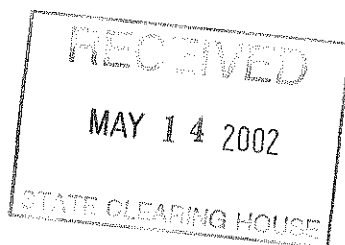
OMB Approval No. 0348-0043

1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted 3. Date Received by State 4. Date Received by Federal Agency Applicant Identifier State Application Identifier Federal Identifier																						
5. Applicant Information Legal Name WASET, INC. Address (give city, county, State, and zip code): matters 3460 S. Broadway Los Angeles, CA 90007		Organizational Unit Name, telephone number, and facsimile number of the person to be contacted on involving this application (give area codes) Noel L. Sweitzer, Housing Consultant 323 231-1104 & (F) 323 232-0094																						
6. Employer Identification Number (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 4 3 5 4 4 1 1 </div>		7. Type of Applicant: (enter appropriate letter in box) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto;">N</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning </div> <div> J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify): </div> </div>																						
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. Name of Federal Agency: U.S. Department of Housing and Urban Development																						
10. Catalog of Federal Domestic Assistance Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 4 - 1 5 7 </div> Title: Supportive Housing for the Elderly		11. Descriptive Title of Applicant's Project: A 75 unit affordable senior housing project in Hemet, CA. Funding through HUD's Section 202 Capital Advance Program. For seniors and the disabled 62 years of age and over.																						
12. Areas Affected by Project (cities, counties, States, etc.): City of Hemet, CA & Surrounding Areas		13. Proposed Project: Start Date: 1/04 Ending Date: 2/05 14. Congressional Districts of: a. Applicant: CA 30 b. Project: CA 44																						
15. Estimated Funding: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:40%;">\$ 7,500,000</td> <td style="width:30%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>See attached Funding Matrix</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. Total</td> <td>\$ 7,500,000</td> <td>.00</td> </tr> </table>		a. Federal	\$ 7,500,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	See attached Funding Matrix	.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$ 7,500,000	.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date: 5/10/02 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.	
a. Federal	\$ 7,500,000	.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	See attached Funding Matrix	.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. Total	\$ 7,500,000	.00																						
17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation <input checked="" type="checkbox"/> No		18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.																						
a. Typed Name of Authorized Representative ANA F. FOMCE		b. Title PRESIDENT																						
d. Signature of Authorized Representative 		c. Telephone Number 323 231-1104																						
Previous Editions Not Usable Authorized for Local Reproduction		e. Date Signed 5/10/02																						

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested.

Program	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD Section 202 Capital Advance		\$7.5 Mil.					\$7.5 Mil.
Grand Totals		\$7.5 Mil.					\$7.5 Mil.



Authorized Official Signature

Name (printed)

Title

Date

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approver No. 0348-0043

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/14/02		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST AGENCY(IES)

Legal Name: **Regents of the University of California**

Address (give city, county, state, and zip code):
Office of Research
University of California, Santa Barbara
Santa Barbara, CA 93106-2050

Organizational Unit: **Donald Bren School of Environmental Science & Mgmt.**

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code):
PI: Arturo A. Keller, 805-893-7548
keller@bren.ucsb.edu
ADMIN. CONTACT: Nancy Lewis, 805-893-4034
lewis@omni.ucsb.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 5 - 6 0 0 6 1 4 5

7. TYPE OF APPLICANT: (enter appropriate letter in box) **1**

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency - ORD - NCR

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 5 0 0
TITLE: 2002-STAR - E-1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Incorporating Environmental Science and Management Information and Economic Incentives in Decision-Making: The Case of Water Quality Management in Aquaculture.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
All States in the US

13. PROPOSED PROJECT:
Start Date: 01/01/03 Ending Date: 12/31/04

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Congressional District 23
b. Project: All Congressional Districts

15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	\$ 199,926	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 199,926	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 5/14/02
b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative: Nancy Lewis

b. Title: Sponsored Projects Officer

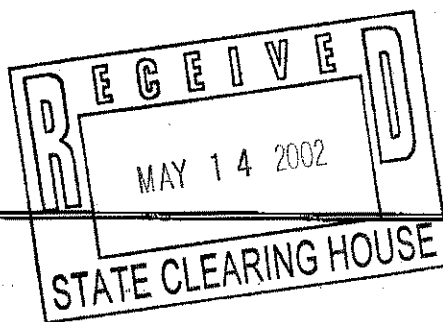
c. Telephone number: 805-893-4034

d. Signature of Authorized Representative

e. Date Signed

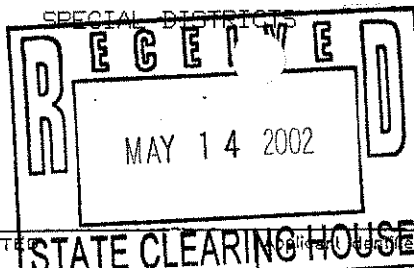
City of Fresno

Draft Annual Action Plan



Application for Federal Assistance

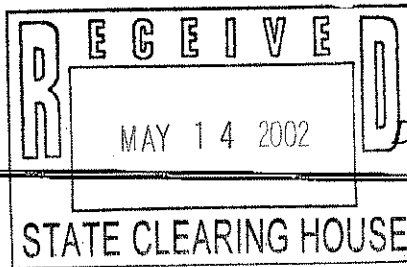
1. Type of Submission: Application: Preapplication:		2. Date Submitted: 06/15/02	Applicant Identifier: 94-6000338
		3. Date Received by State	State Application Identifier
		4. Date Received by Federal Agency	Federal Identifier: S-02-MC-001
5. Applicant Information			
Legal Name: City of Fresno		Organizational Unit: City Manager's Office	
Address: 2600 Fresno Street Fresno, CA 93721 Fresno		Contact: Dean Huseby (559) 498-1135	
6. Employer Identification Number (EIN):		7. Type of Applicant: Municipal	
8. Type of Application: Type: Continuation		9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14-231 Assistance Title: Emergency Shelter Grant		11. Descriptive Title of Applicant's Project: City of Fresno Emergency Shelter Grant Program for Fiscal Year 2002-2003	
12. Areas Affected by Project: City of Fresno			
13. Proposed Project:		14. Congressional Districts of:	
Start Date:	End Date:	a. Applicant: 19,20	b. Project: 19,20
16. Estimated Funding:		19. Is Application Subject to Review by State Executive Order 12372 Process?	
a. Federal	\$291,000	Review Status: Program not covered	
b. Applicant	\$0		
c. State	\$0		
d. Local	\$0	17. Is the Applicant Delinquent on Any Federal Debt?	
e. Other	\$0	No	
f. Program Income	\$0		
g. Total	\$291,000		
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative: Daniel G. Hobbs	b. Title: City Manager	c. Telephone Number: (559) 498-4591	
d. Signature of Authorized Representative:		e. Date Signed:	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY	
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3-13-02		State Application Identifier	
						Federal Identifier	
5. APPLICANT INFORMATION							
Legal Name: Lake County Sanitation District				Organizational Unit:			
Address (give city, county, State, and Zip code): 230A N. Main Street Lakeport, CA 95453				Name and telephone number of person to be contacted on matters involving this application (give area code): Steve Brodnansky (707) 263-0119			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000825				7. TYPE OF APPLICANT: (enter appropriate letter in box)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):				A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
				9. NAME OF FEDERAL AGENCY: U.S. EPA			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clear Lake Basin 2000 Phase 2 effluent pipeline construction.			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lake County							
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:					
Start Date 1-1-02	Ending Date 12-1-02	a. Applicant First		b. Project First			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal	\$	485,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$	1,113,771		DATE 5/14/02			
c. State	\$	2,000,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$			<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$	3,598,771					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Representative Steve Brodnansky		b. Title Administrator		c. Telephone Number (707) 263-0119			
d. Signature of Authorized Representative				e. Date Signed 5-9-02			

City of Fresno

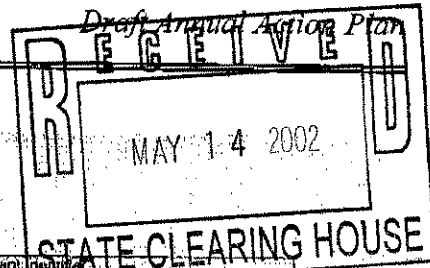


Draft Annual Action Plan

Application for Federal Assistance

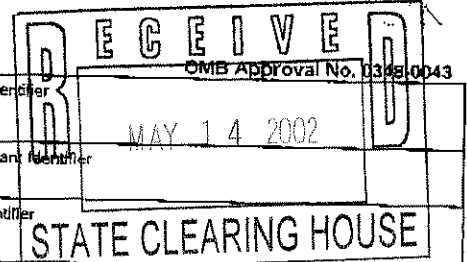
1. Type of Submission: Application; Preapplication:		2. Date Submitted 06/15/02	Applicant Identifier 94-6000338
		3. Date Received by State	State Application Identifier
		4. Date Received by Federal Agency	Federal Identifier R-02-MC-06-0206
5. Applicant Information			
Legal Name City of Fresno		Organizational Unit City Manager's Office	
Address 2800 Fresno Street Fresno, CA 93721 Fresno		Contact Dean Husaby (559) 498-1136	
6. Employer Identification Number (EIN):		7. Type of Applicant: Municipal	
8. Type of Application: Type: Continuation		9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14239 Assistance Title: HOME Investment Partnership Program		11. Descriptive Title of Applicant's Project: City of Fresno HOME Investment Partnership Program for Fiscal Year 2002-2003	
12. Areas Affected by Project: City of Fresno			
13. Proposed Project:		14. Congressional Districts of:	
Start Date 07/01/02	End Date 06/30/03	a. Applicant 19,20	b. Project 18,20
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12572 Process? Review Status:	
a. Federal	\$3,900,000		
b. Applicant	\$0		
c. State	\$0		
d. Local	\$0		
e. Other	\$2,363,000		
f. Program Income	\$1,250,000		
g. Total	\$7,513,000	17. Is the Applicant Delinquent on Any Federal Debt? No	
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Daniel G. Hobbe	b. Title City Manager	c. Telephone Number (559) 498-4591	
d. Signature of Authorized Representative		e. Date Signed	

City of Fresno



Application for Federal Assistance

1. Type of Submission: Application: Not Applicable Prerequisition:		2. Date Submitted 08/15/02	Applicant Identifier 94-0000338
		3. Date Received by State	State Application Identifier
		4. Date Received by Federal Agency	Federal Identifier B-02-MC-06-001
5. Applicant Information			
Legal Name City of Fresno		Organizational Unit City Manager's Office	
Address 2800 Fresno Street Fresno, CA 93721 Fresno		Contact Dean Huseby (559) 498-1135	
6. Employer Identification Number (EIN):		7. Type of Applicant Municipal	
8. Type of Application: Type: Continuation		8. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14-218 Assistance Title: Community Development Block/Entitlement		11. Descriptive Title of Applicant's Project: City of Fresno Community Development Block Grant for FY 2002-2003	
12. Areas Affected by Project: City of Fresno			
13. Proposed Project:		14. Congressional Districts of:	
Start Date: 07/01/02	End Date: 08/30/03	a. Applicant 19,20	b. Project 19,20
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?	
a. Federal	\$8,415,000	Review Status: Program covered	
b. Applicant	\$0	Date: 07/01/02	
c. State	\$0		
d. Local	\$0	17. Is the Applicant Delinquent on Any Federal Debt?	
e. Other	\$0	No	
f. Program Income	\$150,000		
g. Total	\$8,565,000		
18. To the best of my knowledge and belief, all data in this application/prerequisition are true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Daniel S. Hobbs	b. Title City Manager	c. Telephone Number (559) 498-4501	
d. Signature of Authorized Representative		e. Date Signed	



APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/7/2002	Applicant Identifier
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Applicant Identifier
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: The Regents of the University of California		Organizational Unit: Department of Geography, UC Santa Barbara	
Address (give city, county, state, and zip code): University of California, Santa Barbara Office of Research Santa Barbara, CA 93106-2050		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code): Pl: Keith C. Clarke, 805-893-7961, kclarke@geog.ucsb.edu ADMIN. CONTACT: Nancy R. Lewis 805-893-4034 Email: lewis@omni.ucsb.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 6 1 4 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> I A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 5 0 0 TITLE: 2001STAR - E-1		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: VESTA: A Framework for Integrated Spatial Modeling, Comprehensive Planning and Valuation of Fire Risk at the Wildland-Urban Interface	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Barbara County, CA			
13. PROPOSED PROJECT: Start Date: 10/01/2002 Ending Date: 09/30/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23rd b. Project 23rd	
15. ESTIMATED TOTAL PROJECT FUNDING: a. Federal \$ 375,297.00 b. Applicant \$ 4,562.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 379,859.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/14/2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Nancy R. Lewis		b. Title Sponsored Projects Officer	
d. Signature of Authorized Representative 		c. Telephone number 805-893-4034	
		e. Date Signed 5/14/02	

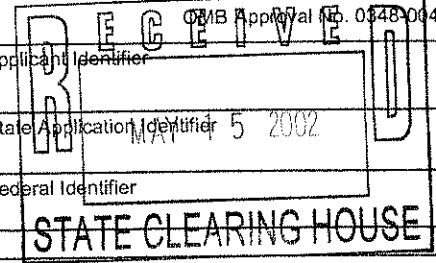
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Standard Form 424 (REV 4-86)

APPLICATION FOR FEDERAL ASSISTANCE

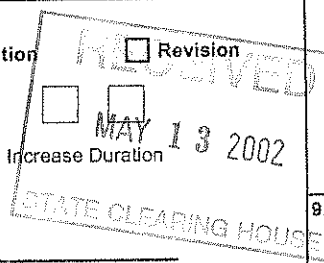
OMB Approval No. 0348-0043



1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		5/10/02	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
			5 2002
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
California State Polytechnic University Pomona	
Address (give city, county, State, and zip code):	Name and telephone number of person to be contacted on matters involving this application (give area code)
3801 W. Temple Ave. Pomona, CA. 91768	Kimberly A. Plater 909-869-3065

6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter in box)
95-2417645	<input checked="" type="checkbox"/> I
8. TYPE OF APPLICATION:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
If Revision, enter appropriate letter(s) in box(es)	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	



9. NAME OF FEDERAL AGENCY:
U.S. Dept. of Justice, CORPS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Public Safety and Community Policing Grants TITLE: 16-7110	Universal Hiring Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
Pomona, Los Angeles, California	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 2002 Ending Date: 2005	a. Applicant: 41 b. Project: 41

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 75,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Applicant	\$ 89,009.00	DATE 5/10/02
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$ 164,009.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Thomas Morales	Vice President	909-869-3418
d. Signature of Authorized Representative		e. Date Signed
[Signature]		5-10-02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/10/02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Regents of the University of California, Los Angeles	Organizational Unit: University of California, Los Angeles
Address (give city, county, State, and zip code): UCLA, Office of Contract & Grant Admin. 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024-1406	Name and telephone number of person to be contacted on matters involving this application (give area code): Breck Hill (310) 794-0196

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-6006143

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	--

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 Administration on Children, Youth and Families, Administration for Children and Families, DHHS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 ACF/ACYF/HS-UP, EHS-UP&HSGS
 2002-03, Priority Area 1.02
 TIME: Project Head Start

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Boys and Girls Club-UCLA
 Early Head Start

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 San Fernando Valley, Los Angeles County, California, and the U.S.

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date 10/1/02	Ending Date 9/30/02	a. Applicant 29th	b. Project National
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15. ESTIMATED FUNDING:

a. Federal	\$	763,975
b. Applicant	\$	225,647
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	989,622

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 5/10/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Breck Hill	b. Title Contract and Grant Officer	c. Telephone Number (310) 794-0196
d. Signature of Authorized Representative <i>Breck Hill</i>		e. Date Signed 05/10/2002

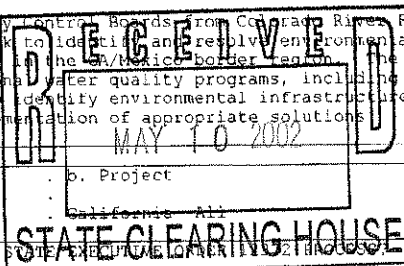
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Applicant Identifier MAY 15 2002	
5. APPLICANT INFORMATION Legal Name: Kishorchandra Gohil		IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Address (give city, county, state, and zip code): University of California, Davis Department of Internal Medicine Division of Pulmonary & Critical Care Medicine/CCRBM Surge I, Room 1121 Davis, CA 95616		Organizational Unit: Regents of the University of California		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) PI: Kishorchandra Gohil, Ph.D. (530) 752-0674 ADMIN. CONTACT:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 6 4 9 4		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCR		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Genomic Responses of Heart to Airborne Particulate Matter	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 5 0 0 TITLE: 2002-STAR - G1		12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State		MAY 13 2002	
13. PROPOSED PROJECT: Start Date: 01/01/03 Ending Date: 12/31/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: III b. Project: III		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 04/29/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED TOTAL PROJECT FUNDING: a. Federal: \$ 626,865.00 b. Applicant: \$.00 c. State: \$.00 d. Local: \$.00 e. Other: \$.00 f. Program Income: \$.00 g. TOTAL: \$ 626,865.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative: Sandra M. Dowdy Contracts and Grants Analyst		b. Title		c. Telephone number: (530) 752-2075	
d. Signature of Authorized Representative: Sandra M. Dowdy		e. Date Signed: APR 01 2002			

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction		3. Date Received by State	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		4. Date Rec'd by Fed Agency	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name State Water Resources Control Board		Organizational Unit Clean Water Programs	
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters involving this application (give area code): Bart Christensen (916) 341-5655	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 1 0 2 8 1 9 8 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 1 6 0 6		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) California/Mexico Border		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Regional Water Quality Control Boards from Colorado River Region and San Diego Region work to identify and resolve environmental infrastructure needs in the CA/Mexico border region. The project will support binational water quality programs, including support to local communities to identify environmental infrastructure needs and facilitate the implementation of appropriate solutions.	
13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 6/30/04		14. CONGRESSIONAL DISTRICT OF: a. Applicant b. Project 3	
15. ESTIMATED FUNDING a. Federal \$ 598,987.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 598,987.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372? a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: May 10, 2002 b. NO: <input type="checkbox"/> Program is not covered by EO 12372. <input type="checkbox"/> Or program has not been selected by state for review.	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantu		b. Title Executive Director	
d. Signature of Authorized Representative		c. Telephone Number (916) 341-5615	
		e. Date Signed	
Previous Editions Not Usable			
Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A-012			
AUTHORIZED FOR LOCAL REPRODUCTION			



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/21/2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Fresno	Organizational Unit: Planning & Resource Management
Address (give city, county, state, and zip code): 2220 Tulare Street Fresno, CA 93721	Name and telephone number of person to be contacted on matters involving this application (give area code): Rebecca Madrigal; Housing & Grant (559) 262-4292 Specialist

6. EMPLOYER IDENTIFICATION (EIN):

9	4	-	6	0	0	0	5	1	2
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7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	--

B

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

 If Revision, enter appropriate letter(s) in ☐ ☐

 A. Increase Award B. Decrease Award c. Increase Duration
 D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
 U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	-	4	3	3
---	---	---	---	---	---

TITLE: Housing Preservation Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Owner-Occupant Rehabilitation Project in rural Fresno County

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Fresno County, unincorporated rural areas

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:**

Start Date 9/2002	Ending Date 9/2003	a. Applicant 18, 19, 20	b. Project 18, 19, 20
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15. ESTIMATED FUNDING

a. Federal	\$	\$153,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other CDBG/HOME	\$	153,000.00
f. Program Income	\$	.00
g. Total	\$	\$306,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 5/21/2002
 b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Carolina Jimenez-Hogg	b. Title Director	c. Telephone Number (559) 262-4168
d. Signature of Authorized Representative 		e. Date Signed 5/21/2002

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 3, 2002	Applicant Identifier State Application Identifier Federal Identifier																																				
5. APPLICANT INFORMATION																																							
Legal Name: Ducor Community Services District Address (give city, county, State, and zip code): P.O. Box 187 Ducor, CA 93218		Organizational Unit: Special District Name and telephone number of person to be contacted on matters involving this application (give area code) Judy Duncan 559/534-2789 or Anna Scofield 559/651-1000 ext. 658																																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0254861		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 10 2002 </div> </div>																																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: US Dept. of Agriculture Rural Development																																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Emergency Community Water Assistance Grant TITLE: 10-763		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ducor Emergency Water Supply Construction of a new well and system improvements to supply water to the community.																																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ducor CSD, Tulare County, California																																							
13. PROPOSED PROJECT Start Date Ending Date 6/1/02 8/1/02		14. CONGRESSIONAL DISTRICTS OF: William Thomas																																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">.00</td> <td style="width:60%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">500,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td> Weill Foundation</td> <td></td> <td></td> <td style="text-align: right;">3,000</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">503,000</td> </tr> </table>		a. Federal	\$.00					500,000	b. Applicant	\$.00		c. State	\$.00		d. Local	\$.00		Weill Foundation			3,000	e. Other	\$.00		f. Program Income	\$.00		g. TOTAL	\$.00	503,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 3, 2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$.00																																					
			500,000																																				
b. Applicant	\$.00																																					
c. State	\$.00																																					
d. Local	\$.00																																					
Weill Foundation			3,000																																				
e. Other	\$.00																																					
f. Program Income	\$.00																																					
g. TOTAL	\$.00	503,000																																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																							
a. Type Name of Authorized Representative Grace Castillo		b. Title President																																					
c. Telephone Number 559/534-2789		e. Date Signed May 3, 2002																																					
J. Signature of Authorized Representative <i>Grace Castillo</i>																																							

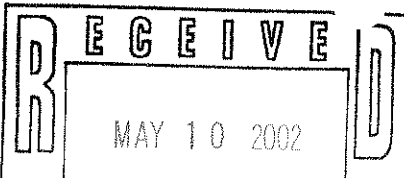


Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		5/10/2002	STATE CLEARING HOUSE
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
City of Stockton		Economic Development Division & Municipal Utilities Depr.	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
425 N. El Dorado Street Stockton, CA 95202 San Joaquin County		Mark Madison, Assistant Director, Municipal Utilities Department (209) 937-8782	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
94-6000436		<input checked="" type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
11-300		Construction of Water Pipeline for South Stockton Industrial District ("South Stockton Aqueduct")	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
City of Stockton, County of San Joaquin			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date *	Ending Date	a. Applicant	b. Project
Approx. 8-2002	12-2004	#11	#11
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,288,000	<input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5-10-2002	
b. Applicant	\$ 1,072,000	<input type="checkbox"/> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 5,360,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		c. Telephone Number	
Mark Lewis		(209) 937-8284	
b. Title		e. Date Signed	
City Manager		5/8/02	
d. Signature of Authorized Representative			

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Prescribed by OMB Circular A-102

*Actual start date would depend on when funding is secured from EDA

Economic Development Administration

PREAPPLICATION

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Los Angeles Unified School DistrictAddress: 450 North Grand Avenue, Room H-218

Organizational Unit

Normandie Avenue Elementary
Los Angeles Unified School
District
Los Angeles

City

CA

State

Los Angeles

County

90012

ZIP Code + 4

21232. Applicant's D-U-N-S Number 1 1 0 5 5 7 2 5 83. Applicant's T-I-N 19 5 4 6 16 10 8 6 04. Catalog of Federal Domestic Assistance #: 84 2 8 7

Title: _____

5. Project Director: Ruby-Ann RudnickAddress: 4505 S Raymond AvenueLos Angeles

City

CA

State

90037

Zip code + 4

Tel. #: (323) 294 - 5171 Fax #: (323) 294 - 7061

E-Mail Address: _____

Application Information

9. Type of Submission:

-PreApplication-ApplicationConstructionConstructionNon-ConstructionX Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 5 / 9 / 2002No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.Program has not been selected by State for review.11. Proposed Project Dates: 7 / 01 / 2002 06 / 30 / 2005

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 362,000.00.00b. Applicant \$ 422,563.81.00c. State \$ 0.00d. Local \$ 0.00e. Other \$ 0.00f. Program Income \$ 0.00g. TOTAL \$ 784,563.81.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Roy Romerb. Title: Superintendentc. Tel. #: (213) 625 - 6251Fax #: (213) 485 - 0321

d. E-Mail Address: _____

e. Signature of Authorized Representative

Date: 5 / 09 / 026. Novice Applicant Yes X No7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) H

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District

H - Private, Non-profit College or University

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (Specify): _____

MAY 10 2002

12. Are any research activities involving human subjects planned at any time during the proposed project period?

Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #): _____X No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Los Angeles Unified School District
Project TEAM/ Together Everyone Achieves
More

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction		3. Date Received by State	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		4. Date Rec'd by Fed Agency	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name State Water Resources Control Board		Organizational Unit Clean Water Programs	
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters (involving this application (give area code): Bart Christensen (916) 341-5655	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 61610281986		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify)		A. State H. Independent School Dist. B. County I. State Institute Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
TITLE: Surveys, Studies, Investigations and Special Purpose Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project is for a proposed federal funded border activities of the Regional Water Quality Control Board, Colorado River Region. Activities are intended to provide data needed to identify the impact to the beneficial uses of the New River and Alamo River from sources within the Republic of Mexico.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): California/Mexico border		14. CONGRESSIONAL DISTRICT OF: b. Project California--All	
13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 6/30/04		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: May 10, 2002 b. NO: <input type="checkbox"/> Program is not covered by EO 12372. <input type="checkbox"/> Or program has not been selected by state for review.	
15. ESTIMATED FUNDING a. Federal \$ 262,319.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 262,319.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed	
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APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

05/10/02

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

STATE CLEARING HOUSE

OMB Approval No 0348-0043

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Placer County Planning Department

Address (give city, county, State, and zip code):

11414 'B' Avenue
Auburn, CA 95603

Organizational Unit:

Name and telephone number of person to be contacted on matters involving
this application (give area code)

Loren Clark, (530) 889-7470

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-60000527

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School Dist.

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify) _____

B

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

Bureau of Reclamation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

☐☐-☐☐☐☐

TITLE:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Placer County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Placer County HCP/NCCP

13. PROPOSED PROJECT

Start Date

7/1/02

Ending Date

6/30/04

a. Applicant

4

b. Project

3, 4

15. ESTIMATED FUNDING:

a. Federal	\$	375,000	00
b. Applicant	\$	375,000	00
c. State	\$	0	00
d. Local	\$	0	00
e. Other	\$	0	00
f. Program Income	\$	0	00
g. TOTAL	\$	750,000	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE 5/6/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Fred Yeager

b. Title

Director of Planning

c. Telephone Number

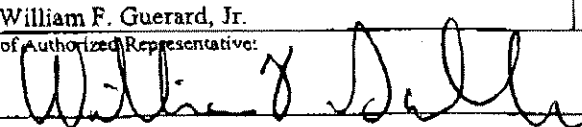
(530) 889-7470

d. Signature of Authorized Representative

Fred Yeager

e. Date Signed

05/06/02

APPLICATION FOR FEDERAL ASSISTANCE		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 9 2002 STATE CLEARING HOUSE </div>		Applicant Identifier: 94 - 2270812
1. TYPE OF SUBMISSION <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication Construction Non Construction		State Application Identifier Federal Identifier G 009216 - 02 - 0
5. Applicant Information				
Legal Name: Department of Conservation		Organizational Unit: Division of Oil, Gas, and Geothermal Resources		
Address (give city, county, state and zip code) 801 K. Street, MS 20 - 20 Sacramento, CA 95814-3530		Name and telephone number of the person to be contacted on matters involving this application (give area code.) Michael Stettner (916) 323-1781		
6. EMPLOYER IDENTIFICATION (EIN) 94 - 2270812		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____		
8. TYPE OF APPLICATION New Continuation <input checked="" type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: <u>A</u>		9. NAME OF FEDERAL AGENCY: U.S. ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.433</u> TITLE: Underground Injection Control		10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Underground Injection Control Program for Class II Well Injection <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 9 2002 STATE CLEARING HOUSE </div>		
11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):				
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:		
Start Date 10 - 1 - 01	End Date 9 - 30 - 2002	a. Applicant: Department of Conservation Division of Oil, Gas, and Geothermal Resources		b. Project Statewide
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 482,909	a. YES, THIS PREAPPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <u>5-2-02</u> b. NO PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$ 160,969			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$	17. IS THE APPLICANT DEPINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 643,878	Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative:		b. Title:		c. Telephone Number:
William F. Guerard, Jr.		State Oil and Gas Supervisor		(916) 445-9686
d. Signature of Authorized Representative:		e. Date Signed:		
				

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 7, 2002	A nt Identifier																					
		3. DATE RECEIVED BY STATE	State Applicant Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)																								
Legal Name: California Air Resources Board		Organizational Unit: Research Division																						
Address (give city, county, state, and zip code): 1001 I Street P.O. Box 2815 Sacramento, CA 95812		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative Joann Lu, Program <u>Vdebbs@arb.ca.gov</u> jlu@arb.ca.gov (916) 322-8201 (916) 323-1532																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 — 0 2 8 8 0 6 9 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) A																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)																						
		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 . 5 0 0 </div> TITLE: 2002-STAR - F1		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Medical Costs of Low Birth Weight (LBW) and Willingness to Pay to Lower LBW Risks <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> RECEIVED MAY - 9 2002 </div>																						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California																								
13. PROPOSED PROJECT: Start Date Ending Date January, 2003 June, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 03 Northern California																						
15. ESTIMATED TOTAL PROJECT FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>399,964.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>399,964.00</td> </tr> </table>		a. Federal	\$	399,964.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	399,964.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. XX YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE Signature Date b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	399,964.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	399,964.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Typed Name of Authorized Representative Larry Morris		b. Title Chief, Administrative Services	c. Telephone number (916) 322-8198																					
d. Signature of Authorized Representative 		e. Date Signed 5/7/02																						

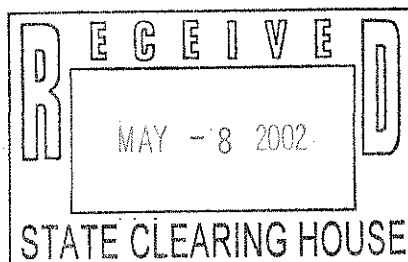
APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 7, 2002		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: County of Riverside			Organizational Unit: Economic Development Agency		
Address (give city, county, state, and zip code): 3525 14th Street Riverside, CA 92501			Name and telephone number of person to be contacted on matters involving this application (give title code): Robert Moran (909) 955-6673		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [60]-[0903096]			7. TYPE OF APPLICANT: (enter appropriate letter in box) [B]		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: [11]-[510]			9. NAME OF FEDERAL AGENCY: Department of Commerce Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Perris, County of Riverside, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Public Works Improvements pertaining to job creation and retention		
13. PROPOSED PROJECT Start Date: 8/2 Ending Date: 12/03		14. CONGRESSIONAL DISTRICTS OF: Congressman Ken Calvert, 43rd District			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 3,125,000		a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5-8-02			
b. Applicant \$ 3,125,000		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 6,250,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Bradley Hudson		b. Title Executive Director		c. Telephone Number (909) 955-8916	
d. Signature of Authorized Representative <i>Bradley Hudson</i>		e. Date Signed 3/7/2002			

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Prescribed by OMB Circular A-102

Economic Development Administration



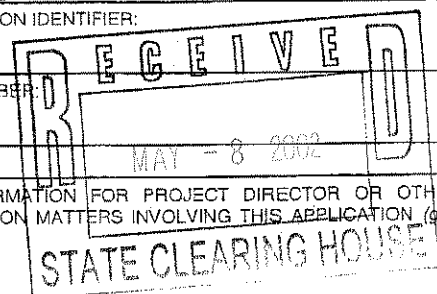
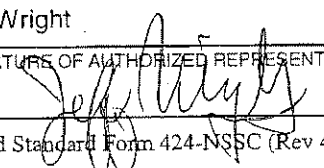
GENERAL REQUIREMENTS

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>		2. DATE SUBMITTED 5/15/02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: California State University San Marcos Foundation		Organizational Unit: College of Arts & Sciences, Dept. of Psychology	
Address (give city, county, state and zip code): 435 East Carmel Street San Marcos, CA 92078-4362		Name and telephone number of the person to be contacted on matters involving this application (give area code): PI: P. Wesley Schultz @ 760.750.8045 Admin. Contact: Kristin Dyer @ 760.750.4701	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0397688		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award D. Decrease Duration B. Decrease Award Other (specify): C. Increase duration		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency/National Science Foundation	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-500 TITLE: 2002-STAR-E-1 Prtnrshp for Envrnmntl Rsrch		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Normative, Prodedural, And Impact Information And Environmental Decision Making By Individuals	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Vista, CA; San Marcos, CA; and San Diego County			
13. PROPOSED PROJECT: Start Date: 7/1/2004 Ending Date: 6/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 51 b. Project: 51	
15. ESTIMATED FUNDING: a. Federal \$ 290,187.00 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 290,187.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="radio"/> a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5-8-02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Patricia E. Worden, Ph.D.		b. Title: Associate Vice President for Research	
c. Telephone Number: 760-750-4066		d. Signature of Authorized Representative: <i>Patricia E. Worden</i>	
e. Date Signed: 5/7/02			

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): May 10, 2002		3. DATE RECEIVED BY STATE:	1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>
4. DATE RECEIVED BY CNS:		STATE APPLICATION IDENTIFIER:	
5. APPLICANT INFORMATION		CNS GRANT NUMBER: 02SCPCA046	
LEGAL NAME: The CSU Chico Research Foundation ORGANIZATIONAL UNIT: PASSAGES Adult Resource Center ADDRESS (give street address, city, county, state and zip code): Office of Sponsored Programs California State University, Chico Chico, Ca 95929-0870		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol Childers TELEPHONE NUMBER: (530) 898-4307 FAX NUMBER: (530) 898 - 4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0386518		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> I	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): PNS		A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Other (specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 94 016		9. NAME OF FEDERAL AGENCY: Corporation for National Service	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Butte County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Companion Program PNS Category 6 10 VSYS, 1 Team Leader	
13. PROPOSED PROJECT: START DATE: 07-01-2002		END DATE: 06-30-2003	
14. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 45,100	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/08/02	
b. APPLICANT	\$ 5,274	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. STATE	\$ -0-	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. LOCAL	\$ -0-	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. OTHER	\$	<input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
f. TOTAL	\$ 50,374	17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright		b. TITLE: Director Office of Sponsored Programs	c. TELEPHONE NUMBER: (530)898-5700
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: 5/8/02	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: United Water Conservation District	Organizational Unit:
Address (give city, county, State, and zip code): 106 N. Eighth Street Santa Paula, California 93060 Ventura County	Name and telephone number of person to be contacted on matters involving this application (give area code) Fax (805) 525-2661 Jim Kentosh (805) 525-4431

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 — 6 0 0 4 2 7 2

7. TYPE OF APPLICANT: (enter appropriate letter in box)

G

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
<input checked="" type="radio"/> G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 —
 TITLE: _____

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Vulnerability Assessment of the Oxnard-Hueneme Water System

RECEIVED

 MAY - 8 2002

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Cities: Oxnard, Port Hueneme, 2 U.S. Naval Bases

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date June 02 Nov 02	a. Applicant District No.s 22 & 23 b. Project District No.s 22 & 23

15. ESTIMATED FUNDING:

a. Federal	\$	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
☒ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Dana L. Wisehart	b. Title General Manager	c. Telephone Number (805) 525-4431
d. Signature of Authorized Representative <i>Dana L. Wisehart</i>		e. Date Signed 4/26/02

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application	Preapplication	3. Date Received by State	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date Rec'd by Fed Agency	Federal Identifier
<input checked="" type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction		

5. APPLICANT INFORMATION		Organizational Unit
Legal Name State Water Resources Control Board		Division of Water Quality
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 -- 0 2 8 1 9 8 6	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify) _____	H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 1 4 1 9 TITLE: Water Pollution Control State and Interstate Program Support	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To establish and maintain adequate measures for prevention and control of surface and ground water pollution.
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) California	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT OF:
Start Date 7/1/02	a. Applicant 3
Ending Date 6/30/03	b. Project California--All

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 10,072,600.00	a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: May 8, 2002
b. Applicant \$.00	b. NO: <input type="checkbox"/> Program is not covered by EO 12372.
c. State \$ 8,907,386.00	<input type="checkbox"/> Or program has not been selected by state for review.
d. Local \$.00	
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 18,979,986.00	

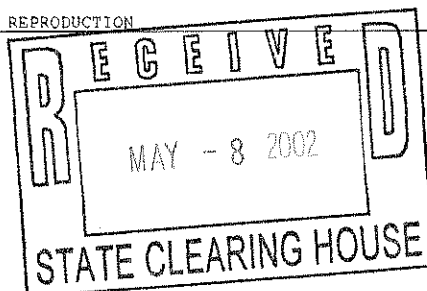
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Celeste Cantu	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	

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Standard Form 424 (Rev 7-97)
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 07, 2002	Applicant Identifier RECEIVED State Application Identifier Federal Identifier - 7 2002
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION Legal Name: <u>SAN FRANCISCO COLLABORATING AGENCIES RESPONDING TO DISASTERS</u> Address (give city, county, State, and zip code): <u>1011 TURK STREET ROOM 103</u> <u>SAN FRANCISCO, CA 94102</u> Organizational Unit: <u>STATE CLEARING HOUSE</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>JOYE STOREY</u> <u>(415) 553-3593</u>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-3152098</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON PROFIT</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: <u>CORPORATION FOR NATIONAL AND COMMUNITY SERVICE</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>SPECIAL VOLUNTEER PROGRAMS TO SUPPORT</u> TITLE: <u>HOMELAND SECURITY</u> <u>94-0002</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>SAN FRANCISCO COLLABORATING AGENCIES RESPONDING TO DISASTERS (SFCARD)</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>CITY & COUNTY OF SAN FRANCISCO</u>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>DISTRICT NO. 8</u> b. Project <u>DISTRICT NO. 8</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/05/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ <u>100,000-00</u> b. Applicant \$ <u> </u> c. State \$ <u> </u> d. Local \$ <u> </u> e. Other \$ <u>20,000-00</u> f. Program Income \$ <u> </u> g. TOTAL \$ <u> </u>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>JOYE STOREY</u>		b. Title <u>Chair Person</u>	
c. Telephone Number <u>(415) 553-3593</u>		e. Date Signed <u>07 MAY 2002</u>	
d. Signature of Authorized Representative <u>[Signature]</u>			

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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application	Preapplication	3. Date Received by State	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date Rec'd by Fed Agency	Federal Identifier
<input checked="" type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction		

5. APPLICANT INFORMATION	
Legal Name State Water Resources Control Board	Organizational Unit Division of Water Quality
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814	Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 2 8 1 9 8 6	7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>A</u>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify)	H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 1 4 6 3 TITLE: Water Quality Cooperative Agreements	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Develop and implement ways to eliminate water pollution.
---	---

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) California

13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 6/30/03	14. CONGRESSIONAL DISTRICT OF: a. Applicant: 3 b. Project: California--All
---	---

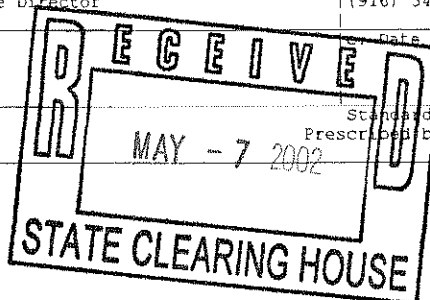
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 750,000.00	a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: May 7, 2002
b. Applicant	\$.00	b. NO: <input type="checkbox"/> Program is not covered by EO 12372.
c. State	\$.00	<input type="checkbox"/> Or program has not been selected by state for review.
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 750,000.00	<input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Celeste Cantú	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	Date Signed	

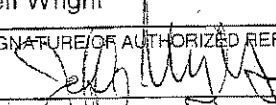
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Prescribed by OMB Circular A-012

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): May 8, 2002		3. DATE RECEIVED BY STATE:	1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> R E C E I V E MAY - 7 2002 STATE CLEARING HOUSE </div>
		4. DATE RECEIVED BY CNS:	STATE APPLICATION IDENTIFIER:	
5. APPLICANT INFORMATION			CNS GRANT NUMBER:	
LEGAL NAME: The CSU Chico Research Foundation ORGANIZATIONAL UNIT: PASSAGES Adult Resource Center ADDRESS (give street address, city, county, state and zip code): Office of Sponsored Programs California State University, Chico Chico, Ca 95929-0870		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol Childers TELEPHONE NUMBER: (530) 898-4307 FAX NUMBER: (530) 898 - 4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0386518		7. TYPE OF APPLICANT: (enter appropriate letter in box) 1		
8. TYPE OF APPLICATION: X NEW CONTINUATION REVISION If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 94 002		9. NAME OF FEDERAL AGENCY: Corporation for National Service		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Butte County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP Program		
13. PROPOSED PROJECT: START DATE: 07-01-2002		END DATE: 06-30-2003		
14. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. FEDERAL	\$ 100,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/07/02		
b. APPLICANT	\$ 11,186	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. STATE	\$ -0-	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. LOCAL	\$ -0-	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. OTHER	\$	<input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO		
f. TOTAL	\$ 111,186			
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright		b. TITLE: Director Office of Sponsored Programs		c. TELEPHONE NUMBER: (530)898-5700
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 				e. DATE SIGNED: 5/7/2002

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission: Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted April 3, 2001	Applicant Identifier
		3. Date Received by State	State Application Identifier
		4. Date Received by Federal Agency	Federal Identifier

5. Applicant Information Legal Name Pioneer Pines Mobile Home Park Address (give city, county, State, and zip code): 6601 Eucalyptus Drive Bakersfield, Kern County, California 93306		Organizational Unit The Associates Group of Affordable Housing, Inc. Name, telephone number, and facsimile number of the person to be contacted on matters involving this application (give area codes) Gerald R. Gibbs, President (949) 492-3825 (Telephone) (949) 492-3697 (Fax)
--	--	---

6. Employer Identification Number (EIN): 3 3 — 0 3 1 9 9 1 0	7. Type of Applicant: (enter appropriate letter in box) <input checked="" type="checkbox"/> M
---	---

8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED STATE CLEARING HOUSE MAY 7 2002 </div>
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9. Name of Federal Agency: U.S. Department of HUD
--

10. Catalog of Federal Domestic Assistance Number: Title: 207M	11. Descriptive Title of Applicant's Project: This is a 336 space mobile home park project built in 1972 which includes laundry, office, billiards recreation room, pool, spa and RV facilities.
---	---

12. Areas Affected by Project (cities, counties, States, etc.): Bakersfield, Kern County, California

13. Proposed Project: Start Date Ending Date	14. Congressional Districts of: a. Applicant 21st b. Project 48th
--	---

15. Estimated Funding: a. Federal \$ 7,830,000 .00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. Total \$.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date: April 3, 2001 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
	17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation <input checked="" type="checkbox"/> No

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.		
i. Typed Name of Authorized Representative Joy A. Lindgren	b. Title Vice President	c. Telephone Number (614) 857-1588
j. Signature of Authorized Representative <i>Joy A. Lindgren</i>		e. Date Signed 3/3/02

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

May 1, 2002

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Volunteers of America

Organizational Unit:

Same

Address (give city, county, State, and zip code):

3600 Wilshire Blvd., Suite 1500
Los Angeles, CA 90010

Name and telephone number of person to be contacted on matters involving this application (give area code)

Bob Pratt
(213) 389-1500

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-1691330

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Metropolitan

M. Profit Organization

G. Special District

N. Other (Specify) Non-Profit

8. TYPE OF APPLICATION:

☐ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

Department of Health and Human Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

A Basic Center for

TITLE: Runaway and Homeless Youth.

93-623

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Comprehensive Services for Runaway and Homeless Youth and their Families.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date

9-30-02

Ending Date

9-29-05

a. Applicant

19th

b. Project

45th

15. ESTIMATED FUNDING:

a. Federal

\$

147,084.00

b. Applicant

\$

184,177.00

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

331,261.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 5-1-02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Bob Pratt

b. Title

President

c. Telephone Number

(213) 389-1500

d. Signature of Authorized Representative

e. Date Signed

5-1-02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 2, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: <u>Quechan Tribally Designated Housing Entity</u>	Organizational Unit: <u>Housing Entity</u>
Address (give city, county, State, and zip code): <u>1860 W. Sapphire Lane</u> <u>Winterhaven, Ca. 92283</u>	Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Lorey Cachora (760) 572-0243, X 20</u>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8 6 - 0 1 9 8 8 9 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Housing Entity</u> </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u> <u>Rural Housing Service</u>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 6 </div> TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Community Facilities Grant</u> <u>(Expansion of community facility)</u>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Winterhaven, Imperial County, California</u>	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:	<div style="border: 2px solid black; padding: 10px; font-weight: bold; font-size: 1.2em;"> RECEIVED MAY - 6 2002 STATE CLEARING HOUSE </div>
Start Date <u>7/02</u>	Ending Date <u>10/02</u>	
a. Applicant <u>Quechan Housing Entity</u>	b. Project <u>California</u>	

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 50,000.00	
b. Applicant	\$.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL	\$ 50,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative <u>Lorey Cachora</u>	b. Title <u>Executive Director</u>	c. Telephone Number <u>(760) 572-0243 X 20</u>
d. Signature of Authorized Representative 		e. Date Signed <u>May 2, 2002</u>

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission <div style="display: flex; justify-content: space-between;"> <div> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> <div> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. Date Submitted (mm/dd/yyyy) 06/05/02	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information <div style="display: flex;"> <div style="flex: 1;"> Legal Name Southern California Presbyterian Homes </div> <div style="flex: 1;"> Organizational Unit Corporate Office </div> </div> <div style="display: flex;"> <div style="flex: 1;"> Address (give city, county, State, and zip code) 516 Burchett Street Glendale, CA 91203 (818) 247-0420 (818) 247-3871 Fax </div> <div style="flex: 1;"> Name and telephone number of the person to be contacted on matters involving this application (give area code) Sally Little, Vice President, Affordable Housing (818) 247-0420 (818) 247-3871 Fax </div> </div>	
--	--

6. Employer Identification Number (EIN) (xx-yyyymm) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">95</div> <div style="border: 1px solid black; padding: 2px;">1894293</div> </div>	7. Type of Applicant (enter appropriate letter in box) <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">N</div> <div style="font-size: small;"> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) </div>
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8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <div style="font-size: x-small;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) </div>	9. Name of Federal Agency U.S. Department of Housing and Urban Development, Los Angeles
---	---

10. Catalog of Federal Domestic Assistance Number (xx-yyy) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">157</div> </div> Title: Corona Senior Affordable Housing	11. Descriptive Title of Applicant's Project Construction of an 80-unit affordable housing community for low income seniors in the city of Desert Hot Springs, California. To be developed under the U.S. Department of Housing and Urban Development 2002 Section 202 Supportive Housing for the Elderly Capital Grant Program.
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12. Areas Affected by Project (cities, counties, States, etc.) Corona, Riverside, California	
--	--

13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) 10-31-03 12-31-04	14. Congressional Districts of <div style="display: flex;"> <div style="flex: 1;"> a. Applicant 27 </div> <div style="flex: 1;"> b. Project 43 </div> </div>
--	--

15. Estimated Funding <table style="width: 100%; font-size: small;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
a. Federal	\$.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. Total	\$.00																				

17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
---	---

a. Typed Name of Authorized Representative Sally Little	b. Title Vice President, Affordable Housing	c. Telephone Number (Include Area Code) (818) 247-0420
d. Signature of Authorized Representative 	e. Date Signed (mm/dd/yyyy) 06/05/02	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/30/02	Applicant Identifier 95-2698244																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: Winterhaven County Water District		Organizational Unit: Winterhaven County Water District																						
Address (give city, county, State, and zip code): PO Box 787 494 2nd Ave Winterhaven CA 92283-0787		Name and telephone number of person to be contacted on matters involving this application (give area code) Larry P Brown 760-572-0177																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2698244		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">A</div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (Revision, enter appropriate letter(s) in box(es)) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1P-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Service Truck																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Winterhaven, CA		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED MAY - 6 2002 STATE CLEARING HOUSE </div>																						
13. PROPOSED PROJECT Service Truck																								
Start Date ASAP	Ending Date ASAP	14. CONGRESSIONAL DISTRICTS OF: #51 a. Applicant Winterhaven County Water District Imperial County																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">f. Federal</td> <td style="width:20%;">\$ 30,000</td> <td style="width:20%;">.00</td> </tr> <tr> <td>g. Applicant</td> <td>\$ 10,000</td> <td>.00</td> </tr> <tr> <td>h. State</td> <td>\$ 4</td> <td>.00</td> </tr> <tr> <td>i. Local</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>j. Other</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>k. Program Income</td> <td>\$ 0</td> <td>.00</td> </tr> <tr> <td>l. TOTAL</td> <td>\$ 40,000</td> <td>.00</td> </tr> </table>		f. Federal	\$ 30,000	.00	g. Applicant	\$ 10,000	.00	h. State	\$ 4	.00	i. Local	\$ 0	.00	j. Other	\$ 0	.00	k. Program Income	\$ 0	.00	l. TOTAL	\$ 40,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Federal	\$ 30,000	.00																						
g. Applicant	\$ 10,000	.00																						
h. State	\$ 4	.00																						
i. Local	\$ 0	.00																						
j. Other	\$ 0	.00																						
k. Program Income	\$ 0	.00																						
l. TOTAL	\$ 40,000	.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Larry P Brown		b. Title General Manager	c. Telephone Number 760-572-0177																					
d. Signature of Authorized Representative Larry P Brown		e. Date Signed 4-30-02																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 10, 2002		Applicant Identifier															
		3. DATE RECEIVED BY STATE		State Application Identifier															
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier															
		5. APPLICANT INFORMATION																	
Legal Name: County of San Diego			Organizational Unit: Office of Trade & Business Dev.																
Address (give city, county, State, and zip code): 5201 Ruffin Road, Suite N San Diego, CA 92123			Name and telephone number of person to be contacted on matters involving this application (give area code) Cindy Gompper-Graves 858-495-5494																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-6000934			7. TYPE OF APPLICANT: (enter appropriate letter in box) <table border="0" style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>			A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.																		
B. County	I. State Controlled Institution of Higher Learning																		
C. Municipal	J. Private University																		
D. Township	K. Indian Tribe																		
E. Interstate	L. Individual																		
F. Intermunicipal	M. Profit Organization																		
G. Special District	N. Other (Specify) _____																		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: EDA																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: IX 11-307			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Impact of Military Installations																
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of San Diego			<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 6 2002 </div>																
13. PROPOSED PROJECT Start Date: 06/02 Ending Date: 05/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: County of San Diego b. Project: Eco. Impact of Military Instal																	
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$ 50,000</td></tr> <tr><td>b. Applicant</td><td>\$</td></tr> <tr><td>c. State</td><td>\$ 50,000</td></tr> <tr><td>d. Local</td><td>\$</td></tr> <tr><td>e. Other</td><td>\$</td></tr> <tr><td>f. Program Income</td><td>\$</td></tr> <tr><td>g. TOTAL</td><td>\$ 100,000</td></tr> </table>		a. Federal	\$ 50,000	b. Applicant	\$	c. State	\$ 50,000	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 100,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$ 50,000																		
b. Applicant	\$																		
c. State	\$ 50,000																		
d. Local	\$																		
e. Other	\$																		
f. Program Income	\$																		
g. TOTAL	\$ 100,000																		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																			
a. Type Name of Authorized Representative Cindy Gompper-Graves		b. Title Program Manager		c. Telephone Number 858-495-5494															
d. Signature of Authorized Representative 		e. Date Signed 4/26/02																	

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application	Preapplication	3. Date Received by State	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date Rec'd by Fed Agency	Federal Identifier
<input checked="" type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction		

5. APPLICANT INFORMATION

Legal Name State Water Resources Control Board	Organizational Unit Division of Water Quality
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814	Name and telephone of person to be contacted on matters involving this application (give area code): Laurie Jurkevics (916) 341-5498

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6 8 0 2 8 1 9 8 6

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other (Specify)

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ A

- | | |
|---------------------|------------------------------------|
| A. State | H. Independent School Dist. |
| B. County | I. State Institute Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify): |

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER

6 6 1 4 6 0

TITLE: Nonpoint Source Implementation Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc)

California

13. PROPOSED PROJECT

Start Date	Ending Date
7/1/02	6/30/07

14. CONGRESSIONAL DISTRICT OF:

a. Applicant	b. Project
3	California--All

15. ESTIMATED FUNDING

a. Federal	\$ 13,075,151.00
b. Applicant	\$.00
c. State	\$ 8,716,767.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 21,791,918.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on:

Date: May 3, 2002

b. NO: ☐ Program is not covered by EO 12372.☐ Or program has not been selected by state for review.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

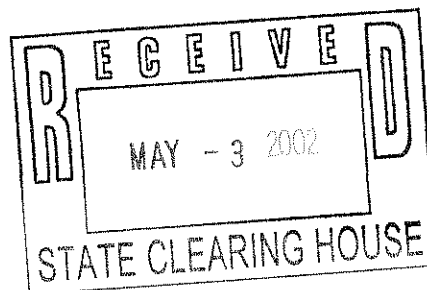
☐ Yes, attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

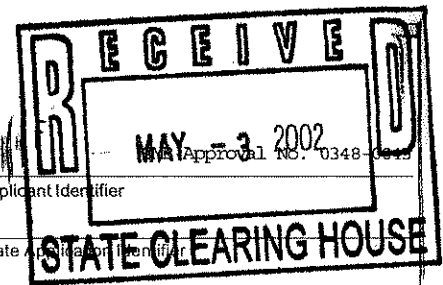
a. Typed Name of Authorized Representative Celeste Cantu	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424 (Rev 7-97)
Prescribed by OMB Circular A-012

Application for Federal Assistance



1. Type of Submission <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> <div style="width:45%;"> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. Date Submitted (mm/dd/yyyy) 06/05/02	Applicant Identifier State Applicant Identifier Federal Identifier
--	--	---	---

5. Applicant Information Legal Name Southern California Presbyterian Homes Address (give city, county, State, and zip code) 516 Burchett Street Glendale, CA 91203 (818) 24700420 (818) 247-3871	Organizational Unit Corporate Office Name and telephone number of the person to be contacted on matters involving this application (give area code) Sally Little, Vice President, Affordable Housing (818) 247-0420 (818) 247-3871 Fax
--	---

6. Employer Identification Number (EIN) (xx-yyy-yyyy) <div style="display: flex; justify-content: space-between;"> <div style="width:45%; border: 1px solid black; padding: 2px;">95</div> <div style="width:45%; border: 1px solid black; padding: 2px;">1894293</div> </div>	7. Type of Applicant (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning </div> <div style="width:45%;"> J. Private University K. Indian Tribe L. Individual M. Profit Organization N Nonprofit O Public Housing Agency P. Other (Specify) </div> </div>
--	---

8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width:30%;">A. Increase Award</div> <div style="width:30%;">B. Decrease Award</div> <div style="width:30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width:30%;">D. Decrease Duration</div> <div style="width:30%;">Other (specify)</div> </div>	9. Name of Federal Agency U.S. Department of Housing and Urban Development, Los Angeles 11. Descriptive Title of Applicant's Project Construction of an 80-unit affordable housing community for low income seniors in the city of Desert Hot Springs, California. To be developed under the U.S. Department of Housing and Urban Development 2002 Section 202 Supportive Housing for the Elderly Capital Grant Program.
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10. Catalog of Federal Domestic Assistance Number (xx-yyy) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width:45%; border: 1px solid black; padding: 2px;">14</div> <div style="width:45%; border: 1px solid black; padding: 2px;">157</div> </div> Title: Desert Hot Springs Senior Affordable Housing	12. Areas Affected by Project (cities, counties, States, etc.) Desert Hot Springs, Riverside, California
---	--

13. Proposed Project <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> Start Date (mm/dd/yyyy) 10-31-03 </div> <div style="width:45%;"> Ending Date (mm/dd/yyyy) 12-31-04 </div> </div>	14. Congressional Districts of <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> a. Applicant 27 </div> <div style="width:45%;"> b. Project 44 </div> </div>
---	--

15. Estimated Funding <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:30%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
a. Federal	\$.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. Total	\$.00																				

17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. <div style="display: flex; justify-content: space-between;"> <div style="width:30%;"> a. Typed Name of Authorized Representative Sally Little </div> <div style="width:30%;"> b. Title Vice President, Affordable Housing </div> <div style="width:30%;"> c. Telephone Number (Include Area Code) (818) 247-0420 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width:60%;"> d. Signature of Authorized Representative </div> <div style="width:30%;"> e. Date Signed (mm/dd/yyyy) 06/05/02 </div> </div>
---	--

Complete form HUD-424-M, Funding Matrix

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Imperial County Airport		Organizational Unit: County of Imperial																													
Address (give city, county, state, and zip code) 1099 Airport Road Imperial, California 92251		Name and telephone number of the person to be contracted on matters involving this application (give area code) Mr. David Conn, Airport Manager (760) 355-7944																													
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> [9][5]-[6][0][0][0][9][2][4] </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) B <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> A Increase Award <input type="checkbox"/> D Decrease Duration </div> <div style="text-align: center;"> <input type="checkbox"/> B Decrease Award Other (specify) </div> <div style="text-align: center;"> <input type="checkbox"/> C Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY Federal Aviation Administration																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> [2][0].[1][0][6] </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2002 Entitlements 1. Runway Safety Area Drainage and Erosion Protection - Phase II 2. Install Two (2) Gate Actuators																													
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Imperial, California El Centro, California Imperial County, California		13. PROPOSED PROJECT Start Date: 10/02 Ending Date: 09/03																													
14. CONGRESSIONAL DISTRICTS OF a. Applicant: #52 b. Project: #52		15. ESTIMATED FUNDING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 40%;">1,000,000</td> <td style="width: 10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>111,111</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.</td> <td></td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td>.</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,111,111</td> <td>.00</td> </tr> </table>		a. Federal	\$	1,000,000	.00	b. Applicant	\$	111,111	.00	c. State	\$.		d. Local	\$.		e. Other	\$.		f. Program income	\$.		g. TOTAL	\$	1,111,111	.00
a. Federal	\$	1,000,000	.00																												
b. Applicant	\$	111,111	.00																												
c. State	\$.																													
d. Local	\$.																													
e. Other	\$.																													
f. Program income	\$.																													
g. TOTAL	\$	1,111,111	.00																												
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If yes, attach an explanation <input type="checkbox"/> No																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																															
a. Typed Name of Authorized Representative Mr. David Conn		b. Title Airport Manager																													
d. Signature of Authorized Representative 		c. Telephone number (760) 355-7944 e. Date Signed 4-30-02																													

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: LAKE TERRACE ASSOCIATES, A CALIFORNIA	Organizational Unit: LIMITED PARTNERSHIP
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653	Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Partnership</u>

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 — 4 1 5

TITLE: Rural Rental Housing Section 515 (RRH-515)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 LAKE TERRACE APARTMENTS - Affordable rental housing apartment project - 60 total units consisting of 24 2-bdrm, 28 3-bdrm, & 8 4-bdrm units to be built on 6.1 acres at 7055 Old Highway 53 in Clearlake, Lake County, California.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Clearlake, Lake County, California

13. PROPOSED PROJECT Start Date: 9/1/02 Ending Date: 5/1/03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District #1 b. Project: District #1
--	--

15. ESTIMATED FUNDING:

a. Federal	\$	500,000	.00
b. Applicant	\$	119,737	.00
c. State	\$		.00
d. Local	\$	1,000,000	.00
e. Other	\$	775,000	.00
f. Program Income	\$		.00
g. TOTAL	\$	2,394,737	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC	b. Title General Partner	c. Telephone Number (208) 461-0022
d. Signature of Authorized Representative		e. Date Signed <u>4-25-02</u>

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	Applicant Identifier																												
		3. DATE RECEIVED BY STATE		State Application Identifier																											
		4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002	Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: UKIAH SUMMERCREEK ASSOCIATES, A CALIFORNIA		Organizational Unit: LIMITED PARTNERSHIP																													
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u> </div> </div>																													
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; width: 100px; margin: 5px auto;"> 1 0 — 4 1 5 </div> TITLE: Rural Rental Housing Section 515 (RRH-515)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SUMMERCREEK VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 24 2-bdrm, 32 3-bdrm, & 8 4-bdrm units to be built on 4.7 acres located at 735 Porzio Lane in Ukiah, Mendocino County, California.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ukiah, Mendocino County, California																															
13. PROPOSED PROJECT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Start Date 9/1/92</td> <td style="width: 50%;">Ending Date 5/1/93</td> </tr> </table>		Start Date 9/1/92	Ending Date 5/1/93	14. CONGRESSIONAL DISTRICTS OF: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Applicant District #1</td> <td style="width: 50%;">b. Project District #1</td> </tr> </table>		a. Applicant District #1	b. Project District #1																								
Start Date 9/1/92	Ending Date 5/1/93																														
a. Applicant District #1	b. Project District #1																														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">500,000</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">138,421</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">1,000,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">1,130,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">2,768,421</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	500,000	.00	b. Applicant	\$	138,421	.00	c. State	\$.00	d. Local	\$	1,000,000	.00	e. Other	\$	1,130,000	.00	f. Program Income	\$.00	g. TOTAL	\$	2,768,421	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	500,000	.00																												
b. Applicant	\$	138,421	.00																												
c. State	\$.00																												
d. Local	\$	1,000,000	.00																												
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g. TOTAL	\$	2,768,421	.00																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																															
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a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner																													
c. Telephone Number (208) 461-0022		d. Signature of Authorized Representative 																													
e. Date Signed 4-25-02																															

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: WILLITS MENDOCINO ASSOCIATES, A CALIFORNIA		Organizational Unit: LIMITED PARTNERSHIP																						
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u> </div> </div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____																								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; text-align: center;">1 0 — 4 1 5</div> TITLE: Rural Rental Housing Section 515 (RRH-515)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GATEWAY VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 26 2-bdrm, 32 3-bdrm, & 6 4-bdrm units to be built on 5.59 acres on the corner of Margie Court just off Monica Lane in Willits, Mendocino County, California.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Willits, Mendocino County, California		MAY - 1 2002 STATE CLEARING HOUSE																						
13. PROPOSED PROJECT Start Date: 9/1/02 Ending Date: 5/1/03																								
14. CONGRESSIONAL DISTRICTS OF: a. Applicant District #1 b. Project District #1																								
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">500,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">131,579⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">2,631,579⁰⁰</td> </tr> </table>		a. Federal	\$	500,000 ⁰⁰	b. Applicant	\$	131,579 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	1,000,000 ⁰⁰	e. Other	\$	1,000,000 ⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	2,631,579 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	500,000 ⁰⁰																						
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner																						
c. Telephone Number (208) 461-0022		d. Signature of Authorized Representative 																						
		e. Date Signed 4-25-02																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 25, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: ARCATA HUMBOLDT ASSOCIATES, A CALIFORNIA	Organizational Unit: LIMITED PARTNERSHIP
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653	Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u> </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">5</div> </div> TITLE: Rural Rental Housing Section 515 (RRH-515)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: THE COURTYARDS AT ARCATA - Affordable rental housing apartment project - 64 total units consisting of 8 1-bdrm, 16 2-bdrm, 32 3-bdrm, & 8 4-bdrm units to be built on 5.69 acres At 1101 Guintoli Lane in Arcata, Humboldt County, California.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arcata, Humboldt County, California	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date 9/1/02 5/1/03	a. Applicant District #1 b. Project District #1
15. ESTIMATED FUNDING:	
a. Federal	\$ 500,000 ⁰⁰
b. Applicant	\$ 91,053 ⁰⁰
c. State	\$ ⁰⁰
d. Local	\$ 350,000 ⁰⁰
e. Other	\$ 880,000 ⁰⁰
f. Program Income	\$ ⁰⁰
g. TOTAL	\$ 1,821,053 ⁰⁰
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC	b. Title General Partner
c. Telephone Number (208) 461-0022	
d. Signature of Authorized Representative 	e. Date Signed 4-25-02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 26, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

APR 26 2002

5. APPLICANT INFORMATION Legal Name: <u>Desert Sunrise Apartments of Heber, Limited Partnership</u> Address (give city, county, State, and zip code): <u>Hwy 86 & Pitzer Road, Census Tract 119</u> <u>Heber, Imperial County, California 92249</u>		Organizational Unit: <u>Limited Partnership</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>David J. Cordes</u> <u>(562) 592-1518 FAX (562) 592-2049</u>																																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 00 - PENDING </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Limited Partnership</u> </div> </div>																																		
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1 0 - 4 1 5 </div> TITLE: <u>515</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>New construction of 24 rental units for low to moderate income families, including an on-site office and laundry.</u>																																	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Heber, Imperial County, California</u>		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: auto;"> RECEIVED MAY - 1 2002 STATE CLEARING HOUSE </div>																																	
13. PROPOSED PROJECT Start Date: <u>9-2003</u> Ending Date: <u>1-2004</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>California 52nd District</u> b. Project: <u>California 52nd District</u>																																		
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td><u>USDA-RD Sec 515</u></td> <td></td> <td style="text-align: right;"><u>1,000,000</u></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td><u>LIHTC Equity</u></td> <td></td> <td style="text-align: right;"><u>757,575</u></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td><u>HOME</u></td> <td></td> <td style="text-align: right;"><u>635,000</u></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td><u>GP-Cap Contrib</u></td> <td></td> <td style="text-align: right;"><u>55,000</u></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;"><u>2,447,575</u></td> </tr> </table>		a. Federal	\$	00	<u>USDA-RD Sec 515</u>		<u>1,000,000</u>	b. Applicant	\$	00	<u>LIHTC Equity</u>		<u>757,575</u>	c. State	\$	00	<u>HOME</u>		<u>635,000</u>	d. Local	\$	00	e. Other	\$	00	<u>GP-Cap Contrib</u>		<u>55,000</u>	f. Program Income	\$	00	g. TOTAL	\$	<u>2,447,575</u>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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a. Type Name of Authorized Representative <u>Diahna Garcia-Ruiz</u>	b. Title <u>President, Heber Community Foundation, General Partner</u>	c. Telephone Number <u>(760) 353-0323</u>																																	
d. Signature of Authorized Representative 		e. Date Signed <u>4/22/2002</u>																																	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 26, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY APR 26 2002	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Willow Pointe Apartments of Riverbank, Limited Partnership		Organizational Unit: Limited Partnership	
Address (give city, county, State, and zip code): Riverbank, Stanislaus County, California, 95367		Name and telephone number of person to be contacted on matters involving this application (give area code) David J. Cordes (562) 592-1518 FAX (562) 592-2049	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00 - PENDING		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Limited Partnership</u> </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA-Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 515 10 - 415		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New construction of 24 one-bdrm rental units for low to moderate income, 1 two-bdrm on-site manager unit, and an on-site office and laundry.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverbank, Stanislaus County, California		RECEIVED MAY - 1 2002 STATE CLEARING HOUSE	
13. PROPOSED PROJECT Start Date: 6-2003 Ending Date: 10-2003			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California 45th District b. Project: California 18th District			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant (Inc. LIHTC Equity)	\$ 512,819.00		
c. State HOME	\$ 700,000.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,212,819.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David J. Cordes, M.D.		b. Title: President, Cordes Housing California, Inc., General Partner	
c. Telephone Number (562) 592-1518		e. Date Signed April 24, 2002	
d. Signature of Authorized Representative 